

Stamp and Date No. 100
Comptroller General U. S.
GPO: 1952, 16-1000, 1000 No. 1

DESIGNATION OF BENEFICIARY
UNPAID COMPENSATION OF
DECEDED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— HILLMANN	GRADE Fritz	DEPARTMENT NICOG, BE	DATE OR MONTH, DAY, YEAR Aug 6, 1898
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DEPARTMENT OR AGENCY IN WHICH EMPLOYED

State Department,	(Department or agency)	NICOG, BE	(Name)	Public Safety Div.	(Division)
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I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 8 of the act of August 3, 1950, Public Law 866, and in service will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Käthe Hillmann nee Colson	36 Stindestr., Berlin-Steglitz	wife	All

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or relatively to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

September 9, 1952

(Date of execution—month, day, year)

Fritz Hillmann

(Signature of employee)

WITNESSES TO SIGNATURE:

Leopoldo Holliger
(Signature of witness) 7 Holsteinische Str., Germany
(City, state number, and place)

Elisanna Kirsch
(Signature of witness) 169 Argentinische Allee, Germany
(City, state number, and place)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Fritz HILLMANN
Berlin-Steglitz
Stindestr. 36

**THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY**

23 SEP 1952 *SCO*

(Initials of and by whom verified)

DELIVER BOTH COPIES TO THE PROPER OFFICES OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETAINED

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DATE 2003 2005

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